

| POSITION                  | INITIALS  | ID NO.       | DATE           |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION         | <i>PA</i> | <i>7532</i>  |                |
| O.I.P.E. CLASSIFIER       | <i>DM</i> | <i>72223</i> | <i>7-15-00</i> |
| FORMALITY REVIEW          |           |              | <i>8/28/00</i> |
| RESPONSE FORMALITY REVIEW |           |              | <i>9/18/00</i> |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
| 4     | ✓     | ✓        |      |
| 5     | ✓     | ✓        |      |
| 6     | ✓     | ✓        |      |
| 7     | ✓     | ✓        |      |
| 8     | ✓     | ✓        |      |
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| 11    | ✓     | ✓        |      |
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| 50    | ✓     | ✓        |      |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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